STATE OF MARYLAND—CERTIFICATE OF DEATH

09937

V. S. No. 1

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

1. PLACE OF DEATH

County Cecil Registration Dist. No. 92

Village or City Elkton No. St., Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)

Length of residence in city or town where death occurred 0 yrs. 0 mos. 0 ds. How long in U.S. if of foreign birth? yrs. mos. ds.

2. FULL NAME Edmund G Armstrong If U. S. Veteran, specify WAR

(a) Residence: No. St., Ward. Hartford, Conn.

(Usual place of abode) If nonresident give city or town and State

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)
Male	white	Married

5a. If married, widowed, or divorced, HUSBAND of (or) WIFE of Edith Armstrong

6. DATE OF BIRTH (month, day, and year) Dec 20 1880

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	58	2	7	

OCCUPATION

8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. Insurance

9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. Pres. Hartford Accident & Indemnity Co

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) no information (State or country) Ireland

FATHER

13. NAME James Armstrong

14. BIRTHPLACE (city or town) no information (State or country) Ireland

MOTHER

15. MAIDEN NAME Catharine Frohbon

16. BIRTHPLACE (city or town) no information (State or country) Ireland

17. INFORMANT M C McLucas (Address) Hartford Conn

18. BURIAL, CREMATION, OR REMOVAL Place Fair View Cemetery Date Oct 16, 1939 West Hartford Conn

19. UNDERTAKER H W Pippin (Address) Elkton Md

20. FILED Oct 13, 1939 F B Teague Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH Oct (Month) 13 (Day), 1939 (Year)

22. I HEREBY CERTIFY, That I attended deceased from , 19 , to , 19

I last saw him ~~alive~~ dead on Oct 13, 1939; death is said to have occurred on the date stated above, at 6 1/2 A. m.

The **PRINCIPAL CAUSE OF DEATH** and related causes of importance were as follows:

	Date of onset
Cerebral Apoplexy	

Other **Contributory Causes** of Importance:

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide? Date of Injury , 19

Where did Injury occur? (Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) J. Herbert Bates M. D.

(Address) Elkton Md.

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.
10.—The month and year the deceased last worked at the occupation.
11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I

The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	*1915*
Chronic interstitial nephritis	*1921*
Cerebral hemorrhage	*July 5, 1927*
Other contributory causes of importance:	
Gallstones	*May 1, 1923*

Example II

The principal cause of death and related causes of importance were as follows:	Date of onset
Attack of epilepsy	*1 week ago*
Run over by street car	*1 week ago*
Peritonitis	*3 days ago*
Other contributory causes of importance:	
Gastroenteritis	*1 year*

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

STATE OF MARYLAND—CERTIFICATE OF DEATH

09938

(121)

1. PLACE OF DEATH

County Cecil Co — Registration Dist. No. 95

Village or City Rising Sun Md — No. — St., — Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)

Length of residence in city or town where death occurred 39 yrs. mos. ds. How long in U.S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Elizabeth Rachel Campbell — If U. S. Veteran, specify WAR

(a) Residence: No. — St., — Ward. — If nonresident give city or town and State

(Usual place of abode)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)
female	white	Widow

6a. If married, widowed, or divorced — HUSBAND of (or) WIFE of: Andrew James Campbell

6. DATE OF BIRTH (month, day, and year): April 22 1873

7. AGE — Years	Months	Days	If LESS then 1 day, hrs. or min.
96	6	11	

OCCUPATION

8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.: retired

9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.:

10. Date deceased last worked at this occupation (month and year):

11. Total time (years) spent in this occupation:

12. BIRTHPLACE (city or town) (State or country): Rock Springs Md

FATHER

13. NAME: John Brown

14. BIRTHPLACE (city or town) (State or country): Md

MOTHER

15. MAIDEN NAME: Deborah Reynolds

16. BIRTHPLACE (city or town) (State or country): Md

17. INFORMANT: Lidie Campbell (Address) Rising Sun

18. BURIAL, CREMATION, OR REMOVAL — Place: Hopewell Md. Date: Oct 13, 1939

19. UNDERTAKER: J. E. Tyson (Address) Rising Sun Md.

20. FILED: 10/12, 1939 — Registrar: Emmett Billington

Permit issued 10-12-1939

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH 10 (Month) 10 (Day) 193 9 (Year)

22. I HEREBY CERTIFY, That I attended deceased from Feb 1, 1939, to Oct 10, 1939

I last saw her alive on 10-10-39; death is said to have occurred on the date stated above, at 4 p.m.

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

	Date of onset
Chronic Myocarditis & Senile Nephritis	

Other Contributory Causes of Importance:

Name of operation — Date of

What test confirmed diagnosis? — Was there an autopsy?

23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide? — Date of Injury, 19

Where did injury occur? (Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Manner of Injury

Nature of Injury

24. Was disease or injury in any way related to occupation of deceased? no

If so, specify

(Signed) R. E. Worden M. D.

(Address) Rising Sun Md.

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

V. S. No. 1

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

MARGIN RESERVED FOR BINDING

UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.
10.—The month and year the deceased last worked at the occupation.
11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I

The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	*1915*
Chronic interstitial nephritis	*1921*
Cerebral hemorrhage	*July 5, 1927*
Other contributory causes of importance:	
Gallstones	*May 1, 1923*

Example II

The principal cause of death and related causes of importance were as follows:	Date of onset
Attack of epilepsy	*1 week ago*
Run over by street car	*1 week ago*
Peritonitis	*3 days ago*
Other contributory causes of importance:	
Gastroenteritis	*1 year*

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

MARYLAND STATE DEPARTMENT OF HEALTH

Bureau of Vital Statistics, Baltimore 47-B

Reg. Dist. No. 96

09939

CERTIFICATE OF DEATH

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15

1. PLACE OF DEATH:
(a) County Cecil
(b) City or town Port Deposit (If outside city or town limits, write RURAL and give town)
(c) Street address, hospital, or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in this community (yrs., mos., or days) 34

2. HOME (USUAL RESIDENCE) OF DECEASED:
(a) State Md. (b) County Cecil
(c) City or town Port Deposit (If outside city or town limits, write RURAL and give town)
(d) Street No. (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) **FULL NAME** Minnie S. Campbell

3 (b) If veteran, name war —

3 (c) Social Security No. —

4. Sex Female

5. Color or race White

6 (a) Single, married, widowed, or divorced. Widowed

6 (b) Name of husband ~~or wife~~ William H.

6. (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Jan 13, 1878

8. AGE: Years 61 | Months 8 | Days 20 | If less than one day ____hr. ____min.

9. Birthplace Baltimore, Md (Town, county, and state)

10. Usual occupation House work.

11. Industry or business own home

FATHER 12. Name Phillip Becker

FATHER 13. Birthplace Dayton, Ohio

MOTHER 14. Maiden Name Lucy Fabrio

MOTHER 15. Birthplace Baltimore, Md

16 (a) Informant William Campbell

16 (b) Address Port Deposit, Md

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Oct. 6, 1939 (month) (day) (year)

17 (c) Cemetery or ~~crematory~~ Hopewell Cem

Location Port Deposit, Md. R. D.

18 (a) Funeral director Lee A. Patterson

18 (b) Address Perryville, Md.

19 (a) Oct 5, 1939 (Date rec'd by registrar) (b) Florence M. Sanders Registrar

MEDICAL CERTIFICATION

20. Date of death Oct - 3 1939 at 9 P. M

21. I certify that death occurred on the date above stated; that I attended deceased from May 1939, to Oct. 3 1939, and that I last saw him alive on Oct 3 1939

Immediate cause of death Carcinoma of Lungs — Duration Feb 1939

Due to —

Due to —

Other conditions —

(Include pregnancy within 3 months of death)

Major findings:
Of operations —
Of autopsy —

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide —
(b) Date of occurrence —
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury —

23. Signature D. J. Mason M. D. or other

Address Port Deposit Date signed 10-4-39

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NOV 3 1939
BUREAU V. S.

STATE OF MARYLAND—CERTIFICATE OF DEATH

09940

1. PLACE OF DEATH

County Cecil Registration Dist. No. 92

Village or City Childs, No. St., Ward
(If death occurred in a hospital or institution, give its NAME instead of street and number)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U.S. if of foreign birth? yrs. mos. ds.

2. FULL NAME Mrs. George Edward Dean Rachel R. If U. S. Veteran, specify WAR

(a) Residence: No. Childs, Maryland. St., Ward.
(Usual place of abode) If nonresident give city or town and State

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)
Female	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of George E. Dean

6. DATE OF BIRTH (month, day, and year) March 12th 1859

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
80	6	23	

OCCUPATION

8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. None.

9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Unknown. (State or country) Delaware.

FATHER

13. NAME John Wesley Reynolds

14. BIRTHPLACE (city or town) Unknown. (State or country) Delaware.

MOTHER

15. MAIDEN NAME Susan Ford

16. BIRTHPLACE (city or town) Unknown. (State or country) Delaware.

17. INFORMANT Her children Miss Susan Dean (Address) R.D.5 Elkton

18. BURIAL, CREMATION, OR REMOVAL Place Bethel Cemt Date Oct 11, 1939

19. UNDERTAKER H.W. Lippin (Address) Elkton, Md

20. FILED Oct 11, 1939 F.R. Frazer Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH October 7th, 1939., 193 (Month) (Day) (Year)

22. I HEREBY CERTIFY, That I attended deceased from Oct. 7th., 1939, to Oct. 7th, 1939

I last saw her alive on Oct. 7th, 1939.; death is said to have occurred on the date stated above, at 11.35 P.M.

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

	Date of onset
Pulmonary edema from embolism. (pulmonary).	10/7/1939
Not cerebral embolism, but pulmonary embolism. Geo. G.R.	
Other Contributory Causes of importance: General arteriosclerosis.	Unkno.

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide? No. Date of injury, 19

Where did injury occur? (Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No.

If so, specify

(Signed) V. H. McKnight M. D.

(Address) Elkton Maryland

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

MARGIN RESERVED FOR BINDING

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V. S. No. 1

UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.
10.—The month and year the deceased last worked at the occupation.
11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I

The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	*1915*
Chronic interstitial nephritis	*1921*
Cerebral hemorrhage	*July 5, 1927*
Other contributory causes of importance:	
Gallstones	*May 1, 1923*

RECEIVED NOV 4 1929 BUREAU V. S.

Example II

The principal cause of death and related causes of importance were as follows:	Date of onset
Attack of epilepsy	*1 week ago*
Run over by street car	*1 week ago*
Peritonitis	*3 days ago*
Other contributory causes of importance:	
Gastroenteritis	*1 year*

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

STATE OF MARYLAND—CERTIFICATE OF DEATH

09941

1. PLACE OF DEATH

County Cecil — Registration Dist. No. 92

Village or City Elkton RD — No. ____ St., ____ Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)

Length of residence in city or town where death occurred ____ yrs. ____ mos. ____ ds. How long in U.S. if of foreign birth? ____ yrs. ____ mos. ____ ds.

2. FULL NAME James Doyle — If U. S. Veteran, specify WAR ____

(a) Residence: No. ____ St., ____ Ward. (Usual place of abode) — If nonresident give city or town and State

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male
4. COLOR OR RACE: White
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word): Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, and year): Jan 6 1917

7. AGE: Years 22 — Months 9 — Days 8 — If LESS than 1 day, ____ hrs. or ____ min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.: 1st class seaman U.S. naval academy

9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.: Annapolis Md

10. Date deceased last worked at this occupation (month and year): ____

11. Total time (years) spent in this occupation: ____

12. BIRTHPLACE (city or town) (State or country): Philadelphia Pa

FATHER

13. NAME: John Doyle

14. BIRTHPLACE (city or town) (State or country): Philadelphia Pa

MOTHER

15. MAIDEN NAME: no information

16. BIRTHPLACE (city or town) (State or country): no information / no information

17. INFORMANT (Address): Mr Wm Kirst West Chester Pa RD

18. BURIAL, CREMATION, OR REMOVAL — Place: Annapolis Md — Date: Oct. 16, 1939

19. UNDERTAKER (Address): H. W. Pippin Elkton Md

20. FILED: Oct 15, 1939 — F. R. Frazer, Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH Oct. (Month) 14 (Day), 1939 (Year)

22. I HEREBY CERTIFY, That I attended deceased from ____, 19__, to ____, 19__

I last saw h____ alive on ____, 19__; death is said to have occurred on the date stated above, at 12:40 p.m.

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows: Fracture of base of skull — Date of onset

Other Contributory Causes of Importance: Hemorrhage

Name of operation — Date of ____

What last confirmed diagnosis? ____ Was there an autopsy? ____

23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide? accident — Date of injury 10/14, 1939

Where did injury occur? Rout 40 near Elkton (Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE. On public road

Manner of injury: collision of automobiles

Nature of injury: fractured skull.

24. Was disease or injury in any way related to occupation of deceased? no

If so, specify ____

(Signed) John B. Slicer coroner M. D.

(Address) Resing Sum Md

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

MARGIN RESERVED FOR BINDING

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V. S. No. 1

UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write **housewife** in answer to Question 8 and **own home** in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as **servant—private family, cook—hotel,** etc. For a person who had no occupation whatever write **none.**

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.
10.—The month and year the deceased last worked at the occupation.
11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as **spinner, weaver,** etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as **grocery store, soap factory, cotton mill,** etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as **civil engineer, mechanical engineer, mining engineer, stationary engineer,** etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as **carpenter, painter, machinist,** etc. Distinguish carefully between **retail merchants** and **wholesale merchants.** A person who sells goods should be called a **salesman** and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I

The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	*1915*
Chronic interstitial nephritis	*1921*
Cerebral hemorrhage	*July 5, 1927*
Other contributory causes of importance:	
Gallstones	*May 1, 1923*

Example II

The principal cause of death and related causes of importance were as follows:	Date of onset
Attack of epilepsy	*1 week ago*
Run over by street car	*1 week ago*
Peritonitis	*3 days ago*
Other contributory causes of importance:	
Gastroenteritis	*1 year*

RECEIVED
OCT 26 1939
BUREAU V. S.

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

STATE OF MARYLAND—CERTIFICATE OF DEATH

09942

(131)

1. PLACE OF DEATH

County Cecil — Registration Dist. No. 92

Village or City Chesapeake City — No. — St., — Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)

Length of residence in city or town where death occurred 5 yrs. — mos. — ds. How long in U.S. if of foreign birth? — yrs. — mos. — ds.

2. FULL NAME John Gilbert — If U. S. Veteran, specify WAR —

(a) Residence: No. Chesapeake City R.D. St., — Ward. —

(Usual place of abode) — If nonresident give city or town and State

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)
Male	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Mrs Lulu Gilbert

6. DATE OF BIRTH (month, day, and year) October 6, 1873

7. AGE Years	Months	Days	If LESS than 1 day, — hrs. or — min.
66	0	17	

OCCUPATION

8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. Retired Manager

9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. Cigar store

10. Date deceased last worked at this occupation (month and year) 1934

11. Total time (years) spent in this occupation 22

12. BIRTHPLACE (city or town) Philadelphia (State or country)

FATHER

13. NAME Jacob Gilbert

14. BIRTHPLACE (city or town) — (State or country) Germany

MOTHER

15. MAIDEN NAME Mary Brock

16. BIRTHPLACE (city or town) — (State or country) Germany

17. INFORMANT Elmer Hinkle

(Address) Chesapeake City Md

18. BURIAL, CREMATION, OR REMOVAL

Place Belview Cemt Date Oct 26, 1939

Philadelphia Pa

19. UNDERTAKER H. C. Pierson

(Address) Elkton Md

20. FILED Oct 23, 1939 — H H Frazer, Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH October (Month) 23 (Day), 1939 (Year)

22. I HEREBY CERTIFY, That I attended deceased from June, 1937, to October 23, 1939

last saw h— alive on October 22, 1939; death is said to have occurred on the date stated above, at 3 30 A.m.

The **PRINCIPAL CAUSE OF DEATH** and related causes of importance were as follows:

	Date of onset
Hypertensive Cardiovascular renal disease	Unknown
Apoplexy	Oct 22 1939

Other **Contributory Causes** of importance:

Name of operation None — Date of —

What test confirmed diagnosis? Clinical — Was there an autopsy? No

23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide? — Date of Injury —, 19—

Where did injury occur? — (Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Menner of injury —

Nature of Injury —

24. Was disease or injury in any way releted to occupation of deceased? No

If so, specify —

(Signed) H. V. Davis M. D.

(Address) Chesapeake City Md

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

V. S. No. 1

4720

UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write **housewife** in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as **servant—private family, cook—hotel,** etc. For a person who had no occupation whatever write **none.**

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.
10.—The month and year the deceased last worked at the occupation.
11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as **spinner, weaver,** etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as **grocery store, soap factory, cotton mill,** etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as **civil engineer, mechanical engineer, mining engineer, stationary engineer,** etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as **carpenter, painter, machinist,** etc. Distinguish carefully between **retail merchants** and **wholesale merchants.** A person who sells goods should be called a **salesman** and not a **clerk.**

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I

The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	*1915*
Chronic interstitial nephritis	*1921*
Cerebral hemorrhage	*July 5, 1927*
Other contributory causes of importance:	
Gallstones	*May 1, 1923*

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Example II

The principal cause of death and related causes of importance were as follows:	Date of onset
Attack of epilepsy	*1 week ago*
Run over by street car	*1 week ago*
Peritonitis	*3 days ago*
Other contributory causes of importance:	
Gastroenteritis	*1 year*

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

STATE OF MARYLAND—CERTIFICATE OF DEATH

09943

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

V. S. No. 1

1. PLACE OF DEATH (92a)

County Cecil — Registration Dist. No. 95

Village or City Rising Sun — No. Pearl — St., Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)

Length of residence in city or town where death occurred 14 yrs. mos. ds. How long in U.S. if of foreign birth? yrs. mos. ds.

2. FULL NAME Emma Louisa Hambleton — If U. S. Veteran, specify WAR

(a) Residence: No. Rising Sun St., Ward.

(Usual place of abode) — If nonresident give city or town and State

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)
Female	White	Widowed

5a. If married, widowed, or divorced — HUSBAND of (or) WIFE of Rankin G. Hambleton

6. DATE OF BIRTH (month, day, and year) Sept. 25, 1850

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
89		29	

OCCUPATION

8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. Retired

9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Bryansville (State or country) York Co. Penna.

FATHER

13. NAME Evans A. Gregg

14. BIRTHPLACE (city or town) York Co. Penna (State or country)

MOTHER

15. MAIDEN NAME Alice Anna Brown

16. BIRTHPLACE (city or town) Lancaster Co. (State or country) Penna

17. INFORMANT Mrs. Ada Hambleton Ely (Address) Rising Sun, Md.

18. BURIAL, ~~CREMATION~~, OR ~~REMOVAL~~ Place Mt. Zion M.E. Cemetery, Pa. Date Oct 28, 1939

Lancaster Co.

19. UNDERTAKER J. Earl Tyson (Address) Rising Sun, Md.

20. FILED Oct. 27, 1939 — Lee Worthington, Registrar.

Permit issued 10-27-1939

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH October (Month) 24 (Day), 1939 (Year)

22. I HEREBY CERTIFY, That I attended deceased from March 15, 1939, to October 24, 1939

I last saw him alive on October 22, 1939; death is said to have occurred on the date stated above, at 3 P.S.T. m.

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

	Date of onset
Endocarditis &	
Arteriosclerosis.	
Rheumatism	

Other Contributory Causes of importance:

Name of operation — Date of

What test confirmed diagnosis? — Was there an autopsy?

23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide? — Date of injury, 19

Where did injury occur? (Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Manner of Injury

Nature of Injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) J. D. Bloom M. D.

(Address) Rising Sun Md

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write **housewife** in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as **servant—private family, cook—hotel,** etc. For a person who had no occupation whatever write **none.**

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.
10.—The month and year the deceased last worked at the occupation.
11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as **spinner, weaver,** etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as **grocery store, soap factory, cotton mill,** etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as **civil engineer, mechanical engineer, mining engineer, stationary engineer,** etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as **carpenter, painter, machinist,** etc. Distinguish carefully between **retail merchants** and **wholesale merchants.** A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I

The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	*1915*
Chronic interstitial nephritis	*1921*
Cerebral hemorrhage	*July 5, 1927*
Other contributory causes of importance:	
Gallstones	*May 1, 1923*

Example II

The principal cause of death and related causes of importance were as follows:	Date of onset
Attack of epilepsy	*1 week ago*
Run over by street car	*1 week ago*
Peritonitis	*3 days ago*
Other contributory causes of importance:	
Gastroenteritis	*1 year*

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ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

STATE OF MARYLAND—CERTIFICATE OF DEATH

09944

1. PLACE OF DEATH

County Cecil (210-m) Registration Dist. No. 92

Village or City Elkton RD 2 No. ____ St., ____ Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)

Length of residence in city or town where death occurred ____ yrs. ____ mos. ____ ds. How long in U.S. if of foreign birth? ____ yrs. ____ mos. ____ ds.

2. FULL NAME Charles Hermore If U. S. Veteran, specify WAR ____

(a) Residence: No. ____ Chester Pa. St., ____ Ward. Chester, Pa.

(Usual place of abode) If nonresident give city or town and State

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male

4. COLOR OR RACE: Colored

5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write* the word): no information

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of: no information

6. DATE OF BIRTH (month, day, and year): no information

7. AGE: Years 40 (of parent age) | Months | Days | If LESS than 1 day, ____ hrs. or ____ min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.: Day Laborer

9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country)

FATHER

13. NAME

14. BIRTHPLACE (city or town) (State or country)

MOTHER

15. MAIDEN NAME

16. BIRTHPLACE (city or town) (State or country)

no information

17. INFORMANT (Address): Coroner report Rising Sun Md

18. BURIAL, CREMATION, OR REMOVAL

Place: County Home, Childs Md Date: Oct 23, 1939

19. UNDERTAKER (Address): H. W. Pippin Elkton Md

20. FILED: Oct 23, 1939 F R Frazer Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH Oct (Month) 20 (Day), 1939 (Year)

22. I HEREBY CERTIFY, That I attended deceased from ____, 19__, to ____, 1939

I last saw h____ alive on ____, 19__; death is said to have occurred on the date stated above, at 10/45 P m.

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

	Date of onset
Split Skull, bottom lips + dislocated Elbow	

Other Contributory Causes of importance:

Name of operation ____ Date of ____

What test confirmed diagnosis? ____ Was there an autopsy? no

23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide? Accident Date of Injury 10/20, 1939

Where did injury occur? on Elkton Chesapeake city road (Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE. On public highway

Manner of injury struck by automobile

Nature of injury ____

24. Was disease or injury in any way related to occupation of deceased? no

If so, specify ____

(Signed) John B. Glenn Coroner M. D.

(Address) Rising Sun Md

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

V. S. No. 1

UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.
10.—The month and year the deceased last worked at the occupation.
11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I

The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	*1915*
Chronic interstitial nephritis	*1921*
Cerebral hemorrhage	*July 5, 1927*
Other contributory causes of importance:	
Gallstones	*May 1, 1923*

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Example II

The principal cause of death and related causes of importance were as follows:	Date of onset
Attack of epilepsy	*1 week ago*
Run over by street car	*1 week ago*
Peritonitis	*3 days ago*
Other contributory causes of importance:	
Gastroenteritis	*1 year*

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 46-B

09945

CERTIFICATE OF DEATH

Reg. Dist. No. 96

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

1. PLACE OF DEATH:
County Cecil
City or town Port Deposit, md.
(If outside city or town limits, write RURAL NEAR and give town)
Street address, hospital, or institution:
Stay in hospital or inst. (yrs., or mos., or days) —
Stay in this community (yrs., or mos., or days) —

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State Maryland County Cecil
City or town Port Deposit Ward No.
(If outside city or town limits, write RURAL NEAR and give town)
Street No.
(If rural give LOCATION)
2(a) IF VETERAN, NAME WAR

3. (a) FULL NAME Margaret P. Kirwan,

3. (b) Social Security Number

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
Female	White	Single,

6 (b) Name of husband or wife —
6(c) If alive, give age — years

7. Birth date of deceased (mo., day, yr.) Oct, 20 - 1866

8. AGE: Years	Months	Days	If less than one day
abt, 73	—	2	— hrs. — min.

9. Birthplace Port Deposit, md.
(Town, county, and state)
10. Usual occupation Store Keeper.
11. Industry or business —

FATHER
12. Name Patrick Kirwan.
13. Birthplace Ireland.

MOTHER
14. Maiden name Katherine McDaniel.
15. Birthplace Ireland.

16. Informant Mrs. E. B. Johnson.
Address Port Deposit, md.

17. Burial (Burial, cremation, or removal. Which?) Date thereof Oct, 26-1939. (month) (day) (year)
Cemetery or crematory Mt. Erin Cemetery,
Location Rt. 1 Havre de Grace, Md.
18. Funeral director Pennington & Son,
Address Havre de Grace, md.

19. Oct. 25, 1939 (Date rec'd by registrar) Florence W. Sanders Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH October 23 1939, at M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from — 19 — to Oct 22 1939.
and that I last saw her alive on Oct 22 1939.

Immediate cause of death Carcinoma of Stomach — DURATION 2 yrs

Due to —

Due to —

Other conditions —

(Include pregnancy within 3 months of death)

Major findings:
Of operations —
Of autopsy —

PHYSICIAN
Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide — Date of —
Where did injury occur? (City or town) (County) (State)
Injured at home, farm, industry, public place (where?) —
Means of injury — Injured at work?

23. SIGNATURE C. J. Bronson M. D. or other
Address Port Deposit, Md. Date signed 10-23-39

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STATE OF MARYLAND—CERTIFICATE OF DEATH

09946

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

V. S. No. 1

1. PLACE OF DEATH

County Cecil Registration Dist. No. 92

Village or City Pleasant Hill No. St., Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)

Length of residence in city or town where death occurred 3 yrs. mos. ds. How long in U. S. if of foreign birth? yrs. mos. ds.

2. FULL NAME George W. Kopp If U. S. Veteran, specify WAR none

(a) Residence: No. Pleasant Hill St., Ward.

(Usual place of abode) If nonresident give city or town and State

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write* the word)
Male	White	widower

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Eva B. Kopp

6. DATE OF BIRTH (month, day, and year) April 16 1878

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
61	6	?	

OCCUPATION

8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. Steam Engineer

9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.

10. Date deceased last worked at this occupation (month and year) Jan 1937

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Linboro (State or country) Md

FATHER

13. NAME no

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Formalin

16. BIRTHPLACE (city or town) (State or country)

17. INFORMANT Raymond Kopp (Address) RD4 Elkton Md

18. BURIAL, CREMATION, OR REMOVAL Place Union Cemetery Date Oct 17, 1939

19. UNDERTAKER Joseph R. Frazier (Address) North East Md

20. FILED Oct 16, 1939 F. H. Frazier Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH Oct 15 (Month) (Day), 1939 (Year)

22. I HEREBY CERTIFY, That I attended deceased from Oct 10, 1939, to Oct 14, 1939

I last saw h— alive on Oct 14, 1939; death is said to have occurred on the date stated above, at 7 30 m.

The **PRINCIPAL CAUSE OF DEATH** and related causes of importance were as follows:

	Date of onset
Cerebral hemorrhage	
Apoplexy	

Other **Contributory Causes** of Importance:

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide? Date of Injury, 19

Where did injury occur? (Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) J. Herbert Bales M. D.

(Address) Elkton Md

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at **school** or at **home**. For a woman whose only occupation was that of home housework, write **housewife** in answer to Question 8 and **own home** in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as **servant—private family, cook—hotel,** etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.
10.—The month and year the deceased last worked at the occupation.
11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as **spinner, weaver,** etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as **grocery store, soap factory, cotton mill,** etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as **civil engineer, mechanical engineer, mining engineer, stationary engineer,** etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as **carpenter, painter, machinist,** etc. Distinguish carefully between **retail merchants** and **wholesale merchants.** A person who sells goods should be called a **salesman** and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I

The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	*1915*
Chronic interstitial nephritis	*1921*
Cerebral hemorrhage	*July 5, 1927*
Other contributory causes of importance:	
Gallstones	*May 1, 1923*

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BUREAU V. S.

Example II

The principal cause of death and related causes of importance were as follows:	Date of onset
Attack of epilepsy	*1 week ago*
Run over by street car	*1 week ago*
Peritonitis	*3 days ago*
Other contributory causes of importance:	
Gastroenteritis	*1 year*

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

09947

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 210-m CB

CERTIFICATE OF DEATH

Reg. Dist. No. 92

1. PLACE OF DEATH: A B 48 near North East

County Cecil

City or town Nr North East

(If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution: ~~Union Hospital~~

Stay in hospital or inst. (yrs., or mos., or days) 0

Stay in this community (yrs., or mos., or days)

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)

State New Jersey County Burlington

City or town Mount Holly N J Ward No.

(If outside city or town limits, write RURAL NEAR and give town)

Street No.

(If rural give LOCATION)

2(a) IF VETERAN, NAME WAR ✓

3. (a) FULL NAME Edward H Levis Edward H. Levis

3. (b) Social Security Number

4. Sex: Male

5. Color or race: Wh

6. (a) Single, married, widowed, or divorced: Widowed

6 (b) Name of husband or wife: Theodora Risdon

6(c) If alive, give age ____ years

7. Birth date of deceased (mo., day, yr.): April 10, 1862

8. AGE: Years 77 Months 5 Days 29 If less than one day ____ hrs. ____ min.

9. Birthplace: Mt.
(Town, county, and state)

10. Usual occupation: Retired

11. Industry or business

FATHER
12. Name: Franklin B. Levis
13. Birthplace: Mt.

MOTHER
14. Maiden name: Rebecca Coppuck
15. Birthplace: Mt.

16. Informant: Charles H Folwell

Address: Mount Holly, N.J.

17. Removal (Burial, cremation, or removal. Which?) Date thereof Oct 12/39 (month) (day) (year)

Cemetery or crematory: Mount Holly Cem't

Location: Mount Holly N.J.

18. Funeral director: H.W. Pippin

Address: Elkton, Md

19. Oct 9 1939 (Date rec'd by registrar) F R Frazer Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: Oct 90 1939, at 4:15 P M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from ____ 19__, to ____ 19__, and that I last saw h____ alive on ____ 19__.

Immediate cause of death: Shock

Cause of death: Automobile accident

Due to: C.W.&R.

Due to:

Other conditions:

(Include pregnancy within 3 months of death)

Major findings:

Of operations:

Of autopsy:

DURATION

PHYSICIAN

Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide: Accident Date of 10/9/39

Where did injury occur? Nr. North East (City or town) Cecil (County) Md (State)

Injured at home, farm, industry, public place (where?) RD 40

Means of injury: dislocated cervical Injured at work? Vertebra

23. SIGNATURE: John B. Sleeper Coroner M. D. or other

Address: Rising Sun, Md. Date signed 10/9/39

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15

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NOV 4 1938
U.S.

STATE OF MARYLAND—CERTIFICATE OF DEATH

69948

(99)

1. PLACE OF DEATH

County Cecil Registration Dist. No. 92

Village or City Elkton No. St., Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)

Length of residence in city or town where death occurred 10 yrs. mos. ds. How long in U.S. if of foreign birth? yrs. mos. ds.

2. FULL NAME Mary Emma Mooney If U. S. Veteran, specify WAR

(a) Residence: No. Elkton, Maryland St., Ward.

(Usual place of abode) If nonresident give city or town and State

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

V. S. No. 1

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)
Female	White	Widowed

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of James A Mooney

6. DATE OF BIRTH (month, day, and year) Oct 13 1863

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	75	11	6	

OCCUPATION

8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. At Home

9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Rising Sun RD (State or country) Maryland

FATHER

13. NAME Israel Tyson

14. BIRTHPLACE (city or town) Lancaster, Pa (State or country) Pa

MOTHER

15. MAIDEN NAME Hannah Smyth

16. BIRTHPLACE (city or town) Lancaster (State or country) Pa

17. INFORMANT Mr Jos Jamison (Address) Elkton md

18. BURIAL, CREMATION, OR REMOVAL Place Calvert Md Date ~~Sept~~ Oct 10, 1939

19. UNDERTAKER W. W. Pippin (Address) Elkton Md

20. FILED Oct 10, 1939 F R Frazer Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH October (Month) 6 (Day), 1939 (Year)

22. I HEREBY CERTIFY, That I attended deceased from September 1, 1939 to October 6, 1939

I last saw him alive on October 6, 1939; death is said to have occurred on the date stated above, at 6.30 p. m.

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

	Date of onset
Generalized Arteriosclerosis	
Thrombosis of right femoral artery.	
Other Contributory Causes of importance:	
Thrombosis - Right Femoral	Octo -

Name of operation None Date of

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide? Date of injury, 19

Where did injury occur? (Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No

If so, soecify

(Signed) Milford N. Greeley M. D.

(Address) Elkton, Maryland

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write **housewife** in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as **servant—private family, cook—hotel,** etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.
10.—The month and year the deceased last worked at the occupation.
11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as **spinner, weaver,** etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as **grocery store, soap factory, cotton mill,** etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as **civil engineer, mechanical engineer, mining engineer, stationary engineer,** etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as **carpenter, painter, machinist,** etc. Distinguish carefully between **retail merchants** and **wholesale merchants.** A person who sells goods should be called a **salesman** and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I

The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	*1915*
Chronic interstitial nephritis	*1921*
Cerebral hemorrhage	*July 5, 1927*
Other contributory causes of importance:	
Gallstones	*May 1, 1923*

Example II

The principal cause of death and related causes of importance were as follows:	Date of onset
Attack of epilepsy	*1 week ago*
Run over by street car	*1 week ago*
Peritonitis	*3 days ago*
Other contributory causes of importance:	
Gastroenteritis	*1 year*

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ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

(52)

69949

Reg. Dist. No. 92

1. PLACE OF DEATH:

County Cecil

City or town Elkton
(If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution: Union Hospital

Stay in hospital or inst. (yrs., or mos., or days) 27 days

Stay in this community (yrs., or mos., or days) 60 yrs

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)

State Maryland County Cecil

City or town Elkton Ward No.
(If outside city or town limits, write RURAL NEAR and give town)

Street No. E. Main St.
(If rural give LOCATION)

2(a) IF VETERAN, NAME WAR

3. (a) FULL NAME Cadmus Price

3. (b) Social Security Number

4. Sex: Male

5. Color or race: white

6. (a) Single, married, widowed, or divorced: married

6 (b) Name of husband or wife Mary R Price

6(c) If alive, give age 70 years

7. Birth date of deceased (mo., day, yr.) Aug 12 1859

8. AGE: Years 80 Months 2 Days 5 If less than one day ___ hrs. ___ min.

9. Birthplace Earleville Cecil Maryland
(Town, county, and state)

10. Usual occupation Retired

11. Industry or business Hauling

FATHER
12. Name James Benson Price
13. Birthplace Earleville Cecil Maryland

MOTHER
14. Maiden name Martha Ann Robinson
15. Birthplace Earleville Cecil Maryland

16. Informant Mrs Mary R. Price
Address Elkton Maryland

17. Elkton Cemetery
(Burial, cremation, or removal. Which?)
Date thereof Oct 19 1939
(month) (day) (year)

Cemetery or crematory Elkton Cemetery

Location Elkton Maryland

18. Funeral director H. W. Pippin
Address Elkton, Maryland

19. Oct 19 1939
(Date rec'd by registrar)
F R Frazer
Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Oct. 17, 1939, at 10 15 A.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from September 3 1939, to Oct 17 1939, and that I last saw him alive on Oct. 16, 1939.

Immediate cause of death Carcinoma of chin and neck; secondary to cancer of skin, under his eye. C.W.G.R.

Due to

Due to Primary epithelioma of face, under his eye.

Other conditions

(Include pregnancy within 3 months of death)

Major findings:

Of operations

Of autopsy

DURATION 2 yrs

PHYSICIAN
Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE W. T. Morrison
M. D. or other

Address Elkton, Md Date signed Oct. 17, 1939

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BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (942)

CERTIFICATE OF DEATH

09950

Reg. Dist. No. 95

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

1. PLACE OF DEATH:

County: Cecil

City or town: Rising Sun

(If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution:

Stay in hospital or inst. (yrs., or mos., or days):

Stay in this community (yrs., or mos., or days): 21 yrs.

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State: County:

City or town: Ward No.

(If outside city or town limits, write RURAL NEAR and give town)

Street No.

(If rural give LOCATION)

2(a) IF VETERAN, NAME WAR:

3. (a) FULL NAME: William Calvin Reynolds

3. (b) Social Security Number:

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
Male	White	Widowed

6 (b) Name of husband or wife: Mary Reynolds

6(c) If alive, give age: years

7. Birth date of deceased (mo., day, yr.): Feb. 2. 1859

8. AGE:

Years	Months	Days	If less than one day
80	2	0	hrs. min.

9. Birthplace: Rising Sun Md. Cecil Co.
(Town, county, and state)

10. Usual occupation: Carpenter

11. Industry or business

FATHER

12. Name: Josiah Reynolds

13. Birthplace: Cecil Co Md.

MOTHER

14. Maiden name: Sarah Gray

15. Birthplace: Cecil Co. Md.

16. Informant: Mrs. Howard Ewing

Address: Rising Sun. Md.

17. Burial (Burial, cremation, or removal. Which?) Date thereof Oct 5 1939 (month) (day) (year)

Cemetery or crematory: West Nottingham

Location: Colora Cecil Co. Md.

18. Funeral director: J. E. Tyson.

Address: Rising Sun Md.

19. Oct. 5 1939 (Date rec'd by Registrar) Registrar

Permit issued Oct 5 1939

MEDICAL CERTIFICATION

20. DATE OF DEATH: Oct 2 1939, at 10 P.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Oct 4 1938, to Oct 2 1939, and that I last saw him alive on Oct 2 1939.

	DURATION
Immediate cause of death: Chronic interstitial myocarditis	2 yrs
Due to Sclerosis of Coronary Arteries	2 yrs
Due to Acute myocarditis attack	2 hrs
Other conditions	

(Include pregnancy within 3 months of death)

Major findings:

Of operations: no operation

Of autopsy: no

PHYSICIAN

Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide: no Date of: ✓

Where did injury occur? no injury (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury: no injury Injured at work? No

23. SIGNATURE: Ernest Rowland M. D. or other

Address: Liberty Grove Md Date signed: Oct 3/39

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NOV 2 1939
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (131)

CERTIFICATE OF DEATH

09951

Reg. Dist. No. 92

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

1. PLACE OF DEATH:

County Cecil

City or town Elkton,

(If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution: Elkton Hospital

Stay in hospital or inst. (yrs., or mos., or days) 7 days

Stay in this community (yrs., or mos., or days) 75 yrs.

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Md County Cecil

City or town Outside Rising Sun. Ward No.

(If outside city or town limits, write RURAL NEAR and give town)

Street No.

(If rural give LOCATION)

2(a) IF VETERAN, NAME WAR

3. (a) FULL NAME William James Sterrett

3. (b) Social Security Number

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
male	white	Widowed

6 (b) Name of husband or wife Ella Sterrett

6(c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) April 2, 1864.

8. AGE: Years	Months	Days	If less than one day
75	7	5	hrs. min.

9. Birthplace Rising Sun. Md.
(Town, county, and state)

10. Usual occupation

11. Industry or business retired

FATHER 12. Name James Sterrett

13. Birthplace Ireland

MOTHER 14. Maiden name Eleanor McKinzy

15. Birthplace Md.

16. Informant Miss Anna Pyle

Address Rising Sun, Md. R. F. D.

17. Burial (Burial, cremation, or removal. Which?) Date thereof Oct. 10 1939 (month) (day) (year)

Cemetery or crematory West Nottingham

Location Near Colora, Md.

18. Funeral director J. E. Tyson

Address Rising Sun. Md.

19. Oct 6 1939 (Date rec'd by registrar) H R Frazer Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH October 7 1939, at 8:30 A.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Sept 25 1939, to 10-7 1939, and that I last saw h-- alive on 10-6 1939.

	DURATION
Immediate cause of death Uremia	
Due to Myocarditis & Interstitial	
Due to Nephritis	
Other conditions	

(Include pregnancy within 3 months of death)

Major findings:

Of operations

Of autopsy

PHYSICIAN

Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, Industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE R. E. Dodson M.D. M. D. or other

Address Rising Sun Md Date signed 10-8-39

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NOV 4 1939
BUREAU V. S.

STATE OF MARYLAND—CERTIFICATE OF DEATH

09952

V. S. No. 1

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

MARGIN RESERVED FOR BINDING

1. PLACE OF DEATH (121)

County Cecil Registration Dist. No. 92

Village or City Elkton No. Union Hosp. St., Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)

Length of residence in city or town where death occurred 2 yrs. 0 mos. ds. How long in U.S. if of foreign birth? yrs. mos. ds.

2. FULL NAME Pat Talley If U. S. Veteran, specify WAR

(a) Residence: No. Rising Sun RFD Ind Ward.

(Usual place of abode) If nonresident give city or town and State

PERSONAL AND STATISTICAL PARTICULARS

3. SEX M.

4. COLOR OR RACE Col

5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) M

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, and year)

7. AGE Years about 40 Months Days If LESS than 1 day, hrs. or min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. Lab.

9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Va (State or country)

FATHER

13. NAME

14. BIRTHPLACE (city or town) Colored (State or country) Not

MOTHER

15. MAIDEN NAME unfortain

16. BIRTHPLACE (city or town) Va (State or country)

17. INFORMANT Coroners Report. (Address)

18. BURIAL, CREMATION, OR REMOVAL Place Cecil Co. Alms House Date Oct 26, 1939

19. UNDERTAKER H. W. Pepper (Address) Elkton, Md

20. FILED Oct 26, 1939 H. Frazer Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH Oct (Month) 24 (Day), 1939 (Year)

22. I HEREBY CERTIFY, That I attended deceased from , 19 , to , 19

I last saw h elive on , 19 ; death is said to have occurred on the date stated above, at 1 P. m.,

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

	Date of onset
Third degree burns of Entire Body	

Other Contributory Causes of Importance:

Name of operation Date of

Whether confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide? accidental Date of Injury , 19

Where did injury occur? corn shocks at Theodore md.

(Specify city or town, county and State)

Specify whether Injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE. On Farm

Manner of Injury Burned Caused his death

Nature of Injury Third degree burns.

24. Was disease or injury in any way related to occupation of deceased? no

If so, specify

(Signed) John B. Sluss coroner M. D.

(Address) Rising Sun Md.

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.
10.—The month and year the deceased last worked at the occupation.
11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I

The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	*1915*
Chronic interstitial nephritis	*1921*
Cerebral hemorrhage	*July 5, 1927*
Other contributory causes of importance:	
Gallstones	*May 1, 1923*

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NOV 1 1928
BUREAU V. S.

Example II

The principal cause of death and related causes of importance were as follows:	Date of onset
Attack of epilepsy	*1 week ago*
Run over by street car	*1 week ago*
Peritonitis	*3 days ago*
Other contributory causes of importance:	
Gastroenteritis	*1 year*

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (131)

09953

CERTIFICATE OF DEATH

Reg. Diat. No. 97

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

1. PLACE OF DEATH:

County Cecil

City or town Rural Near Elkton, (If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or Institution: Union Hospital.

Stay in hospital or inst. (yrs., or mos., or days) 6 da.

Stay in this community (yrs., or mos., or days) 40 yrs.

2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)

State Md. County Cecil.

City or town Elkton Rd. Ward No. (If outside city or town limits, write RURAL NEAR and give town)

Street No. Elkton RD I (If rural give LOCATION)

2(a) IF VETERAN, NAME WAR World War.

3. (a) FULL NAME George A. Thompson

3. (b) Social Security Number

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
M.	Wh.	Single,

6 (b) Name of husband or wife

6(c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Nov. 23, 1875

8. AGE: Years	Months	Days	If less than one day
63	10	26	hrs. min.

9. Birthplace Chesapeake City R.D. (Town, county, and state)

10. Usual occupation Farmer.

11. Industry or business

FATHER 12. Name Hugh Thompson

13. Birthplace Ireland

MOTHER 14. Maiden name Mary Daily.

15. Birthplace Ireland

16. Informant Mrs. Lora Holmes

Address 1206 Conrad St Wilm. Del

17. Burial (Burial, cremation, or removal. Which?) Date thereof Oct 23/39 (month) (day) (year)

Cemetery or crematory Forrest Cemt.

Location Middletown, Del.

18. Funeral director H. W. Pippin.

Address Elkton, Md.

19. Oct 23 1939 (Date rec'd by registrar) F R Teague Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH October 19 1939, at 8 p.m.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Oct 12 1939 to Oct. 19 1939, and that I last saw h- alive on Oct. 19 1939.

Immediate cause of death	DURATION
Cardio-vascular-renal disease	Unk.
Due to Uremia	
Due to	
Other conditions	

(Include pregnancy within 3 months of death)

Major findings:

Of operations None

Of autopsy None

PHYSICIAN

Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE Milford N. Steele, M.D. M. D. or other

Address Elkton, Maryland Date signed Oct 24/39

RECEIVED
NOV 4 1939
BUREAU V. S.

09954

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 92

1. PLACE OF DEATH:

County Cecil

City or town Elkton
(If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution: Union Hospital

Stay in hospital or inst. (yrs., or mos., or days)

Stay in this community (yrs., or mos., or days)

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)

State Maryland County Cecil

City or town North East Ward No.
(If outside city or town limits, write RURAL NEAR and give town)

Street No.
(If rural give LOCATION)

2(a) IF VETERAN, NAME WAR

3. (a) FULL NAME Wyre #1

3. (b) Social Security Number

4. Sex —

5. Color or race W

6. (a) Single, married, widowed, or divorced Single

6 (b) Name of husband or wife

6(c) If alive, give age years

7. Birth date of deceased (mo., day, yr.)

8. AGE: Years | Months | Days | If less than one day hrs. min.

9. Birthplace Union Hospital Elkton Md
(Town, county, and state)

10. Usual occupation None

11. Industry or business

FATHER
12. Name Everett Harris
13. Birthplace Unknown

MOTHER
14. Maiden name Mary Wyre
15. Birthplace North East Md

16. Informant Mary Wyre
Address North East Md.

17. (Burial, cremation, or removal. Which?) Date thereof (month) (day) (year)

Cemetery or crematory None

Location

18. Funeral director

Address

19. Nov 1 1939 (Date rec'd by registrar) F R Frazer Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH October 26 1939, at 4:15 P M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Oct 26 1939, to Oct 26th 1939, and that I last saw h— ~~alive~~ Deny on October 26 1939.

Immediate cause of death Premature

Due to missing natural causes

Due to natural causes

Other conditions

(Include pregnancy within 3 months of death)

Major findings:

Of operations

Of autopsy

DURATION

PHYSICIAN

Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following;

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE Jack J Hammond M.D.
M. D. or other

Address Elkton Md Date signed Oct 29/39

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15

RECEIVED
NOV 4 1939
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH
2411 N. Charles St., Baltimore (2)

09955

CERTIFICATE OF DEATH

Reg. Dist. No. 92

1. PLACE OF DEATH:
County Cecil
City or town Elkton
(If outside city or town limits, write RURAL NEAR and give town)
Street address, hospital, or institution: Union Hospital
Stay in hospital or inst. (yrs., or mos., or days)
Stay in this community (yrs., or mos., or days)

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State Maryland County Cecil
City or town North East Ward No.
(If outside city or town limits, write RURAL NEAR and give town)
Street No.
(If rural give LOCATION)
2(a) IF VETERAN, NAME WAR

3. (a) FULL NAME Wyre #2

3. (b) Social Security Number

4. Sex —
5. Color or race W
6. (a) Single, married, widowed, or divorced Single
6 (b) Name of husband or wife
6(c) If alive, give age years
7. Birth date of deceased (mo., day, yr.)

8. AGE: Years | Months | Days | If less than one day hrs. min.

9. Birthplace Union Hospital, Elkton, Md
(Town, county, and state)
10. Usual occupation None
11. Industry or business
FATHER 12. Name Everett Harris
13. Birthplace Unknown
MOTHER 14. Maiden name Mary Wyre
15. Birthplace North East Md
16. Informant Mary Wyre
Address North East, Md
17. (Burial, cremation, or removal. Which?) Date thereof (month) (day) (year)
Cemetery or crematory
Location None
18. Funeral director
Address
19. Nov 1 1939 (Date rec'd by registrar) F R Frazer Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH October 26 1939, at 4:15 P M
21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Oct 26 1939, to Oct 26 1939, and that I last saw him dead alive on Oct 26 1939.

Immediate cause of death Premature miscarriage
Due to natural causes
Due to natural causes.
Other conditions
(Include pregnancy within 3 months of death)
Major findings:
Of operations
Of autopsy

DURATION

PHYSICIAN
Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide Date of
Where did injury occur? (City or town) (County) (State)
Injured at home, farm, industry, public place (where?)
Means of injury Injured at work?

23. SIGNATURE Jack J Greenwald MD
M. D. or other
Address Elkton Md Date signed Oct 27 1939

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

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NOV 4 1938
BUREAU V. S.